

**(Who) come learn about (Name of Workshop)**

**We will be meeting at (Location of Workshop)**

**Our event will start on (Date & Hour) and end on (Date & Hour).**

**Presenter(s) Name(s)**

The purpose of this workshop is to (describe).

The cost for this workshop is \$(amount). An additional fee of \$(amount) will be charged for those requesting RID CEUs. The registration deadline is (date). Our cancellation policy is (describe). If you will need accommodations at this workshop, please notify (name of person) by (date) at (e-mail address/phone number/fax).



**MI DLEG-DODHH is an Approved RID CMP Sponsor for Continuing Education Activities. This (type) studies program is offered for (number) CEU's at the (describe) level to**

**(CMP/ACET/CMP & ACET) participants. Partial CEUs (will/will not) be awarded for this event.**